



DPR FORM 39-030 (Rev. 6/02)
Page 1 of 6

APPLICATION FOR PESTICIDE REGISTRATION

DPR USE ONLY:

Tr. ID# _____
Reg. No. _____
R.S. Assigned _____
☐ New CA Registrant

1. Firm Name

2. Mailing Address of Firm ☐ Check box if new address City State Zip Code

3. Street Address (if different from above) City State Zip Code

4. Name of Authorized Representative

5. Telephone Number of Representative () 6. Fax Number () 7. E-mail Address

8. Product Brand Name (exactly as shown on label)

9. U.S.EPA Registration Number	10. Product Composition Statement- Attached is either <input type="checkbox"/> Product Formulation Information form (Page 3), or <input type="checkbox"/> U.S. EPA Confidential Statement of Formula
11. Type of California registration action requested <input type="checkbox"/> New Product <input type="checkbox"/> Additional Brand Name <input type="checkbox"/> Change of Company Ownership <input type="checkbox"/> Change of Company Name Only <input type="checkbox"/> Alternate Formula <input type="checkbox"/> Revised Formula <input type="checkbox"/> Interim Registration (FAC 13161) <input type="checkbox"/> Section 24c Stand-Alone <input type="checkbox"/> Other (attach cover letter)	12. Type of U.S. EPA registration <input type="checkbox"/> Section 3 <input type="checkbox"/> Supplemental Registration of Distributor (Subregistration) <input type="checkbox"/> Section 5 (Experimental Use Permit) <input type="checkbox"/> Concurrent Submission Allowed <input type="checkbox"/> Not Required, California-Only Registration
13. Container Type(s), Composition(s) and Size(s)	14. Density: Liquid Product = _____ Lbs. per Gallon or Solid Product = _____ Lbs. per Cubic Foot

I certify, under penalty of perjury, that all information submitted on this application for registration is accurate and complete. As required by Section 6170 California Code of Regulations, all data that we submitted to the U.S. EPA to support this product are enclosed in this submission or have previously been submitted to DPR.

X _____ / _____ / _____
Signature of Authorized Representative Type or Print Name/Title Date Signed

Mail completed application to:

For correspondence only:
Department of Pesticide Regulation
Pesticide Registration Branch
P.O. Box 4015
Sacramento, California 95812-4015

For package deliveries, Fed Ex, etc:
Department of Pesticide Regulation
Pesticide Registration Branch
1001 I Street
Sacramento, California 95814-2828

DPR USE ONLY:

RC# _____
Fee\$ _____
RC Date _____
Date Received _____
OK by _____ Date Licensed _____
Returned _____

Brand Name, EPA Reg. No.

Product Characterization Information

Information about your product and its intended uses is required to allow DPR to correctly process and prepare notices for this application.

1. Type of pesticide - Check one or more of the following boxes:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Adjuvant (inc. water modifiers) | <input type="checkbox"/> Defoliant | <input type="checkbox"/> Herbicide | <input type="checkbox"/> Pheromone |
| <input type="checkbox"/> Algacide | <input type="checkbox"/> Desiccant | <input type="checkbox"/> Insect Growth Regulator | <input type="checkbox"/> Repellent |
| <input type="checkbox"/> Anti-foulant | <input type="checkbox"/> Disinfectant/Sanitizer | <input type="checkbox"/> Insecticide | <input type="checkbox"/> Slimicide |
| <input type="checkbox"/> Antimicrobial | <input type="checkbox"/> Fertilizer | <input type="checkbox"/> Miticide/Acaricide | <input type="checkbox"/> Vertebrate Control |
| <input type="checkbox"/> Avicide | <input type="checkbox"/> Fungicide | <input type="checkbox"/> Molluscicide | <input type="checkbox"/> Virucide |
| <input type="checkbox"/> Bactericide/Bacteriostat | <input type="checkbox"/> Plant Growth Regulator | <input type="checkbox"/> Nematicide | <input type="checkbox"/> Other (specify): _____ |

This pesticide a ☐ Microbial (product itself is composed of microbes) ☐ Biochemical ☐ Chemical

2. Application methods - Check one or more of the following boxes:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Ant/Wasp/Rodent Mound | <input type="checkbox"/> Dust | <input type="checkbox"/> Smoke | <input type="checkbox"/> Wash, Soak, Dip or Mop |
| <input type="checkbox"/> Additive | <input type="checkbox"/> Evaporating Solid | <input type="checkbox"/> Soil Applied (inject, shank, chisel, or work into soil) | <input type="checkbox"/> Water Application |
| <input type="checkbox"/> Attached (e.g. collar/eartag) | <input type="checkbox"/> Filtration System | <input type="checkbox"/> Spray | <input type="checkbox"/> Wick Applicator |
| <input type="checkbox"/> Bait | <input type="checkbox"/> Fog | <input type="checkbox"/> Topically Applied (rub on) | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Broadcast | <input type="checkbox"/> Fumigation | <input type="checkbox"/> Trap/Device | |
| <input type="checkbox"/> Chemigation or Drip | <input type="checkbox"/> Injection (other than soil) | <input type="checkbox"/> Turf Treatment or Drench | |
| <input type="checkbox"/> Coating (i.e. Seed) | <input type="checkbox"/> Paint or Coating | | |

3. Type of Formulation - Check the one box which best describes the product formulation.

Solids

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Dust/Powder | <input type="checkbox"/> Impregnated Material | <input type="checkbox"/> Pressurized Dust | <input type="checkbox"/> Dry Flowable |
| <input type="checkbox"/> Granular/Flake | <input type="checkbox"/> Microencapsulated | <input type="checkbox"/> Soluble Powder | <input type="checkbox"/> Other, Dry |
| | <input type="checkbox"/> Pellet, Tablet, Cake or Briquet | <input type="checkbox"/> Wettable Powder | |

Liquids

- | | | |
|---|--|---|
| <input type="checkbox"/> Emulsifiable Concentrate | <input type="checkbox"/> Paint or Coatings | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Flowable Concentrate | <input type="checkbox"/> Pressurized Liquid/Sprays/Foggers | <input type="checkbox"/> Aqueous (Liquid) Concentrate |
| <input type="checkbox"/> Gel, Paste, Cream | <input type="checkbox"/> Solution/liquid (ready-to-use) | <input type="checkbox"/> Other Liquid |
| <input type="checkbox"/> Oil | | |

Other

- ☐ Pressurized Gas
☐ Other (specify): _____

4. Use of Pesticide - Check all that apply:

- | | | | |
|---------------------------------------|---|---|---|
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Household/Home Garden | <input type="checkbox"/> Institutional - hospitals, schools, etc. | <input type="checkbox"/> Industrial End Use |
| <input type="checkbox"/> Structural | <input type="checkbox"/> Manufacturing/Reformulation Only | <input type="checkbox"/> Other: | |

5. Label Signal Word

- | | | | |
|--|----------------------------------|----------------------------------|-------------------------------|
| <input type="checkbox"/> Danger | <input type="checkbox"/> Warning | <input type="checkbox"/> Caution | <input type="checkbox"/> None |
| <input type="checkbox"/> Poison/Danger | | | |

Product Formulation Information

DPR FORM 39-030 (Rev. 6/02)
Page 3 of 6

1. Brand Name: _____ 3. U.S. EPA/Calif. Reg. No. (if assigned) : _____
2. Firm Name: _____ 4. pH (if water soluble liquid) _____

5. Active Ingredient Give common chemical name for each active ingredient listed on the label. Microbials should show genus, species, and strain.	6. Chemical Abstracts Service (CAS) (or ATCC) No.	7. Brand name of source product for active ingredient	8. EPA Reg. No. of source product	9. Percent by weight of source product in formulated product.	10. Percent by weight of active ingredient in formulated product.
11. Inert Ingredient (common chemical name)	12. Chemical Abstracts Service (CAS) No.	13. Brand name of source product for inert ingredient.	14. Purpose in formulation.	15. Percent by weight of source product in formulated product.	16. Percent by weight of inert ingredient in formulated product.
If space is not sufficient, attach additional pages. Inert ingredients information given on this form is considered to be confidential business information and is protected from disclosure under the California Public Records Act (Gov. Code §6254.2(l)). You may submit a copy of your USEPA Confidential Statement of Formula in lieu of this page.				Total _____ Columns 9 + 15 =100.00%	Total _____ Columns 10+16 =100.00%

Instructions for APPLICATION FOR PESTICIDE REGISTRATION

DEPARTMENT OF PESTICIDE REGULATION
PESTICIDE REGISTRATION BRANCH
(916) 445-4400**INCOMPLETE FORMS WILL NOT BE PROCESSED.**

If any section does not apply to your product, please mark it N/A. A separate application form must be completed for each product, each product brand name, each alternate formula and each revised formula. If you need further assistance to complete this form, contact the Pesticide Registration Branch at (916) 445-4400.

PRODUCT INFORMATION

1. **Firm Name:** This must be the same as on file with U.S. EPA.
2. **Firm Mailing Address:** Correspondence, licenses, notices, etc. will be sent to this address.
4. **Name of Authorized Official Representative:** The person who is authorized to answer any questions about your application for registration. Generally, this is the person who prepares the application. A letter of authorization is required for consultants.
8. **Product Brand Name:** This must be **EXACTLY** the same as the brand name registered (or, if applicable, received) by U.S. EPA and the same as on the product. The product brand name cannot be the same as another product with a different formulation. Do not include symbols used in place of words that are part of the brand name (e.g. @, TM, *, (R), etc.).
9. **U.S. EPA Registration Number:** Required unless the product is exempt from, or does not require, registration under the Federal Insecticide Fungicide and Rodenticide Act (FIFRA) such as spray adjuvants or Section 25(b) exempt pesticides, or the product is being submitted concurrent with submission to U.S. EPA under the Department's current policy.
11. **Type of California Registration Action Requested:**
 - * **New Product:** Product is not yet registered in California.
 - * **Additional Brand Name:** For a product already registered in California.
 - * **Change of Company Ownership:** Applications submitted to register products under the new company ownership.
 - * **Change of Company Name Only:** There is no change in ownership.
 - * **Alternate Formula:** Another U.S. EPA accepted formulation for a currently registered product.
 - * **Revised Formula:** Replacing the existing formula on file for a currently registered product.
 - * **Interim Registration:** Under certain circumstances (FAC 13161), provides deferral of certain groundwater and efficacy data.
 - * **Section 24c Stand-Alone:** This is a Section 24c which is not using a product registered in California. Needs license issued.
 - * **Other:** Please attach a cover letter explaining the type of registration action requested.
13. **Container Type(s), Composition(s) and Size(s):** Describe the actual container(s) which hold the formulated product.
For example: 16oz. plastic bottle, 1, 2 and 5 gallon plastic buckets, 55 gallon steel drum.
14. **Density: Liquid Products:** The pound weight of one gallon of the formulated product.
Solid Products: Total weight per cubic foot of the formulated product.

The Application Package should contain the following:

- | | |
|--|---|
| <input type="checkbox"/> A cover letter describing the type of registration action requested and what is being submitted to DPR. | <input type="checkbox"/> Copy of U.S. EPA - stamped accepted label, if applicable, and one copy of the U.S. EPA Notice of Registration. |
| <input type="checkbox"/> The completed application form pages 1 through 3. Make sure your application form is complete and signed. Keep a photocopy for your records. | <input type="checkbox"/> One copy of all data submitted by the applicant to U.S. EPA to support this product. |
| <input type="checkbox"/> The application fee of \$200.00 is required for new products and additional brand name. Make check or money order payable to the Department of Pesticide Regulation. | <input type="checkbox"/> One copy of the data required by California regulations (Title 3 CCR Section 6170). |
| <input type="checkbox"/> Six (6) copies of the product labeling. Typescript labeling may be submitted if printed labels are not yet available; printer's proofs or final printed labels are required prior to issuance of a Certificate of Registration. | <input type="checkbox"/> In lieu of submitting data, applicants may reference appropriate data previously submitted to this office. If the referenced data were submitted by someone other than the applicant, a letter of authorization from the data owner must be submitted. |
| | <input type="checkbox"/> Interim registration applications (FAC 13161), require an additional \$5,000 fee. |

Applications should be mailed to:

For correspondence only:
Department of Pesticide Regulation
Pesticide Registration Branch
P.O. Box 4015
Sacramento, California 95812-4015

For package deliveries, Fed Ex, etc:
Department of Pesticide Regulation
Pesticide Registration Branch
1001 I Street
Sacramento, California 95814-2828

NOTICE: The Department of Pesticide Regulation has established time periods for the processing of permit applications in compliance with Government Code Sections 15374 - 15378. Failure to comply with these time periods may be appealed to the Secretary of Environmental Protection, California Environmental Protection Agency, 555 Capitol Mall, Suite 525, Sacramento, California 95814, pursuant to regulations set forth in Title 3, California Code of Regulations, Section 306. Under certain circumstances, the Secretary may order that the applicant receive a reimbursement of filing fees.

Additional Registration Information

Certificate of Registration/ Acceptance

If your product is registered, a Certificate of Registration (license) will be issued to you, authorizing sales for the remainder of the calendar year. Pesticide products may not be offered for sale until a Certificate of Registration has been issued.

If revised labeling is accepted for a registered product, the applicant will receive a letter of acceptance and a copy of the product labeling stamped "Labeling Acceptable". All labeling to be used in connection with the sale of a product must be accepted by the Department of Pesticide Regulation, Pesticide Registration Branch, prior to sale or use of the product.

Renewal of Registration:

In October of each year, you will be sent an Application for Renewal of Pesticide Registration, listing all currently registered products. To apply for renewal of these products, registrants must sign and return the form with the appropriate fee (\$200 per product). A penalty is assessed on all renewal requests received after February 1. The renewal is not retroactive to January 1.

EXTRACTS:

Copies of extracts from the Food and Agricultural Code and the California Code of Regulations dealing with pesticide registration may be obtained by writing to:

For correspondence only:

Department of Pesticide Regulation
Pesticide Registration Branch
P.O. Box 4015
Sacramento, California 95812-4015

For package deliveries, Fed Ex, etc:

Department of Pesticide Regulation
Pesticide Registration Branch
1001 I Street
Sacramento, California 95814-2828

Information Available on the Internet

Information about the California laws and regulations governing pesticide registration, as well as Department notices, policies and procedures, is available on the internet at <http://www.cdpr.ca.gov>. Information on currently registered products, registrants, telephone numbers for Department staff, and other information is also available at this site.

APPLICATION FOR PESTICIDE REGISTRATION - PRODUCT FORMULATION INFORMATION

You can submit **either** page three of the California application Form 39-030 or a copy of your U.S.EPA Confidential Statement of Formula Form. Applications with **incomplete product formulation** information cannot be processed, and the first page **will be returned**.

5. **Active Ingredient:** List each active ingredient in this formulation as it appears on the label. Please list all active ingredients from one source product together for ease of calculation of percentages.
6. **CAS No.:** The CAS Number may be obtained from the Chemical Abstract Service of the American Chemical Society, P.O. Box 3012, Columbus, Ohio, 43210. Microorganisms should be identified by ATCC (American Type Culture Collection) or other recognized type culture collection number.
7. **Name of Source Product:** The name of the product which provides that active ingredient in the formulation.
9. **Percent By Weight of Source Product in Formulated Product:** Each source product listed in Column #7 must have a value in Column #9. For example, if active ingredient A and active ingredient B are both from the same source product which makes up 50% of the formulated product, the single entry in Column 9 is 50%.
10. **Percent By Weight of Active Ingredient in Formulated Product:** This percentage should be **identical** to that given on the labeling.
11. **Inert Ingredient:** List each inert ingredient component in this formulation. **NOTE:** If you do not know the identity of an inert ingredient in your product, have your supplier submit the chemical name of each inert ingredient, source product name, purpose in formulated product and percent by weight of the source product in the formulated product directly to this office, with reference to your firm name, your product brand name and EPA Reg. No.
13. **Brand Name of Source Product:** The name of the product which is the source of the inert ingredient listed in Column #11.
15. **Percent by Weight of Source Product in Formulated Product:** Give the percentage by weight of each **SOURCE PRODUCT** in the formulated product. If the percent of a source product is already listed in column #9, do not list the same figure again in column #15.
16. **Percent by Weight of Inert Ingredient in the Formulated Product:** The percentage by weight of the inert ingredient in column #11 in the formulated product.

5. Active Ingredient Give common chemical name for each active ingredient listed on the label. Microbials should show genus, species, and strain.	6. Chemical Abstracts Service (CAS) (or ATCC) No.	7. Brand name of source product for active ingredient	8. EPA Reg. No. of source product	9. Percent by weight of source product in the formulated product.	10. Percent by weight of active ingredient in formulated product.
pyrethrins	121-21-1	Pyrotech Concentrate	123-123	50.000%	0.010%
piperonyl butoxide	51-03-6				0.005%
11. Inert Ingredient (common chemical name)	12. Chemical Abstracts Service (CAS) No.	13. Brand name of source product for inert ingredient.	14. Purpose in formulation.	15. Percent by weight of source product in the formulated product.	16. Percent by weight of inert ingredient in the formulated product.
inerts from PyroTech Concentrate	-	Pyrotech Concentrate	inerts from technical	-	49.985 %
petroleum distillate	8002-05-9	SoluSolv	diluent	50.000%	50.000%
				TOTAL Columns 9 + 15 = 100.00%	TOTAL Columns 10 + 16 = 100.00%

U.S.EPA Confidential Statement of Formula Form: If you submit a copy of the U.S. EPA Confidential Statement of Formula, you should ensure that source products are adequately identified. Sources of active ingredient must be identified by U.S. EPA registration number. If an active ingredient source product is not separately registered in California, information concerning the composition of this product will be required.